



**REGISTRATION FORM**

**SECTION A: CHILD'S PARTICULARS**

Name (as in Birth Cert/Dep. Pass/Passport) \_\_\_\_\_

Chinese Characters (if any) \_\_\_\_\_

BC/DP/PP. No: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M/F Race: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_S(\_\_\_\_\_)

Religion: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Tel: \_\_\_\_\_(H) \_\_\_\_\_(HP)

Child's Birth Order: 1<sup>st</sup>/ 2<sup>nd</sup>/ 3<sup>rd</sup>/ 4<sup>th</sup>/ 5<sup>th</sup> or above No. of children: \_\_\_\_\_

**SECTION B: CHILD'S MEDICAL INFORMATION**

Had or currently suffering from: (please specify details if Y is indicated)

Chicken Pox: Y/N \_\_\_\_\_

Mumps: Y/N \_\_\_\_\_

Epilepsy/Fits: Y/N \_\_\_\_\_

Diabetes: Y/N \_\_\_\_\_

Asthma: Y/N \_\_\_\_\_

Others: \_\_\_\_\_

Constant medical treatment required (if any):  
\_\_\_\_\_

Dietary restriction (if any): \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Tel: \_\_\_\_\_

Child's habits, character traits and interests:  
\_\_\_\_\_

**SECTION C: MOTHER'S PARTICULARS**

Name: \_\_\_\_\_ NRIC /PP/DP No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Company's Name / Address: \_\_\_\_\_  
\_\_\_\_\_

Highest Qualification Level: \_\_\_\_\_ Profession/Occupation: \_\_\_\_\_

Tel: \_\_\_\_\_ (O) \_\_\_\_\_ (HP) Email: \_\_\_\_\_

**SECTION D: FATHER'S PARTICULARS**

Name: \_\_\_\_\_ NRIC /PP/DP No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Company's Name / Address: \_\_\_\_\_  
\_\_\_\_\_

Highest Qualification Level: \_\_\_\_\_ Profession/Occupation: \_\_\_\_\_

Tel: \_\_\_\_\_ (O) \_\_\_\_\_ (HP) Email: \_\_\_\_\_

**SECTION E: EMERGENCY CONTACTS**

Persons to contact in case of emergency or fetch your child during your absence:

Name : _____	Name : _____
IC/DP/PP No : _____	IC/DP/PP No : _____
Relationship : _____	Relationship : _____
Contact No : _____	Contact No : _____

**SECTION F: DECLARATION**

I declare that the particulars and information furnished are true and correct. I shall inform the Centre if there is any change to the above stated.

\_\_\_\_\_  
Parent's / Guardian's Signature

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY**

**ADMISSION:**

Start Date : \_\_\_\_\_ Mthly Fee: \$ \_\_\_\_\_ Reg Fee: \$ \_\_\_\_\_ Deposit: \$ \_\_\_\_\_

Material Fees: \$ \_\_\_\_\_ Uniform: \$ \_\_\_\_\_ Insurance: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

Class: \_\_\_\_\_ Session: \_\_\_\_\_ Applying CDA: Yes / No

Payment mode (Cash/Cheque): \_\_\_\_\_ Receipt No: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Processed by

\_\_\_\_\_  
Date

**WITHDRAWAL:**

Withdrawn On: \_\_\_\_\_ Amount Refunded: \$ \_\_\_\_\_ Deposit Refunded On: \_\_\_\_\_

(Please attach withdrawal letter)

Remark: \_\_\_\_\_

\_\_\_\_\_  
Name & Signature of Recipient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Processed by